

Summary by TIF District Summary Computer Exemption Report 70.11(39) Wis. Stats.

Due Date:

**True Cash Value as of
TIF District No.**

Total True Cash Value of All Exempt Computers \$

	<i>Col. 1</i> Value by School District	<i>Col. 2</i> True Cash Value	
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13	Total School District		13

	Value by Union High School District	True Cash Value	
14			14
15			15
16			16

	Value by Special District	True Cash Value	
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28

Comments:

See back for instructions.

Date _____ Submitted by: _____

Daytime phone: _____

Instructions:

1. Enter total true cash value of all exempt computers located in this TIF district in the box at the top of this form. Include this TIF exempt computer value plus any other TIF exempt computer values with the total municipal exempt computer value reported on form PA-004. If no exempt computers exist in this TIF district enter **0** in the box or write **NONE** across the form. Return the form to the address listed below even if there are no exempt computers in this TIF district.
2. **Value by Districts - Lines 1 through 28**

Column 2: Fill in the true cash value of exempt computers for each School, Union High and Special District in this TIF district as reported on form PA-003, Schedule A, Line 4, (from Schedule D-1). **Do not modify by your local level of assessment.** Again, if no exempt computers exist in any or all of the school districts enter **0**.
3. **Line 13:** Total lines 1-12 for column 2. This total should match the total of all exempt computers for this TIF district in the municipality listed in the box at the top of this form. If no exempt computers exist in this TIF district enter **0**. Totals are not needed for the Union High or Special Districts.
4. Please explain any significant change in value from last year for this TIF district in the "Comments" section. Explanations may avoid additional phone contact by our office.
5. Please sign and date this report and also list your daytime phone number. Mail this form on or before **May 1** to the District Supervisor of Equalization at the address preprinted below.